ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: LITTLE ACHIEVERS LEARNING ACADEMY	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [Group [ ]	Date of Visit: 07/02/2025
Facility Address: 200 RIDGE DRIVE, PELHAM, AL, 35214, St. Clair	Licensee: LITTLE ACHIEVERS LEARNING ACADEMY	Telephone #: (334) 467-9035
Ages: 4 Weeks to 12 Years	Director (if applicable): LUTRICIA ARRINGTON	Capacity: 58 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Individual records on each child on file on first day of attendance, Inspection Form Comments: 10 children present without files on today visit.	Pending Correction
Failed - Records filed alphabetically, Inspection Form Comments: Children's paperwork laying on desk in office and in a drawer of the desk and not in alphabetical order.	Pending Correction
Failed - Most recent licensing evaluation, Inspection Form Comments: Most recent evaluation not posted.	Pending Correction
Failed - Most recent fire inspection report within 5 years, Inspection Form Comments: Most recent fire inspection not posted.	Pending Correction
Failed - Poison control center, Inspection Form Comments: Poison control number not posted in center.	Pending Correction
Failed - Name of director/staff in charge, Inspection Form Comments: Name of staff person in charge needs to be posted when director is not at center.	Pending Correction
Failed - Records on file at time of employment, Inspection Form Comments: New staff needs complete file at time of employment and first day counting in ratio.	Pending Correction
Failed - Medical exam and TB test on file at time of employment, Inspection Form Comments: Several staff need their medical and TB in file. See staff checklist.	Pending Correction
Failed - Two staff with infant-child CPR and first aid present during all hours of operation, Inspection Form	Pending Correction

Comments: Observed only 1 staff present at center with CPR and first aid.	
Failed - Child care workers/teachers/subs meet requirements for Health & Safety training, Inspection Form	Pending Correction
Comments: New staff needs health and safety training.	
Failed - Medical, Staff Checklist	Pending Correction
Comments: Staff person needs medical form in file at time of employment.	
Failed - Health and Safety Training, Staff Checklist	Pending Correction
Comments: Staff does not have health and safety training on the first day of employment in file.	
Failed - Written Verification of Standards Read, Staff Checklist	Pending Correction
Comments: Owner, director does not have verification of reading standards in file.	
Failed - Photo ID Verification, Staff Checklist	Pending Correction
Comments: Owner director needs photo ID in file.	
Failed - Preadmission Form, Child Checklist	Pending Correction
Comments: Preadmission not signed and not completed.	
Failed - Immunization Certificate, Child Checklist	Pending Correction
Comments: Immunization certificate expired.	

INSTRUCTIONS TO LICENSEE: Column 2, Date Corrected by Licensee, is to be completed by the facility representative after each deficiency is corrected. The facility representative must put the date of correction and his/her initials in Column 2. This form must be returned to the Department of Human Resources on or before _____, as verification that deficiencies have been corrected.

NOTICE: Any misleading or any false statements or reports made to the Department and/or failure to correct the listed deficiencies can be the basis for adverse action. None of these requirements are to be interpreted to allow anyone to operate in violation of Performance Standards. A facility licensed by the Department must always meet Performance Standards applicable to that facility. It is the responsibility of the licensee to operate in compliance with Performance Standards.

_____ _____

Signature of Facility Representative Date

Catherine Paulk

_____ _____

Signature of DHR Licensing Representative Date

COPIES TO: _____